

**FDIC OUTSIDE COUNSEL
LEGAL SERVICES AGREEMENT
RATE SCHEDULE**

LSA Effective Date: ____/____/____

Federal Tax ID#: _____

Law Firm Name: _____

Branch Office Location: _____

(Each office of a multiple office firm must complete a separate rate schedule.)

Address: _____

City, State: _____, _____ Zip: _____

E-Mail Address: _____

Contact Attorney: _____ Phone #: (____) _____

Fax #: (____) _____

BILLABLE INDIVIDUAL (First, Middle, Last, Suffix) <i>Alphabetical Order</i>	STATE LICENSES	POSITION Partner (P) Associate (A) Para- Professional (PP) Specify Other Position (O)	YEARS IN PRACTICE	MINORITY STATUS Asian American (A), Black American (B), Hispanic American (H), Native American Indian (N)	GENDER M or F	STANDARD RATE	PERCENT % DISCOUNT	PROPOSED FDIC RATE

Attach Continuation Sheet(s) If Necessary

SUBMITTED BY: _____
(Signature of Firm's Authorized Representative) (Title)

Date: ____/____/____

FDIC DELEGATED APPROVAL: _____
(Name) (Title)

Date: ____/____/____

(Signature) (Legal Division Office) Effective Date: ____/____/____

(All amendments to this rate schedule/LSA (i.e.: firm name, tax ID#, address, contact attorney, phone/fax numbers, billable individual additions/deletions, etc. must contain the information shown on the LSA Amendment form. Please contact the Legal Information Technician processing your firm's invoice or dial 1(800)846-1901 to request copies of the LSA Amendment form or it can be downloaded from the FDIC Internet (<http://www.fdic.gov/publish>).

LEGAL SERVICES AGREEMENT RATE SCHEDULE

Continuation Sheet

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[illegible]**Attach Continuation Sheet(s) If Necessary**